

● PRINTER RUSH ●
(PTO ASSISTANCE)

Application :	Examiner :	GAU :
09/716,547	Desai	1626
From:	Location:	Date:
BSH	IDC FMF FDC	7/7/05
Tracking #:		Week Date:
06101512		05/02/05

DOC CODE	DOC DATE	MISCELLANEOUS
<input type="checkbox"/> 1449	_____	<input type="checkbox"/> Continuing Data
<input type="checkbox"/> IDS	_____	<input type="checkbox"/> Foreign Priority
<input checked="" type="checkbox"/> CLM	01-18-2005	<input type="checkbox"/> Document Legibility
<input type="checkbox"/> IIFW	_____	<input type="checkbox"/> Fees
<input type="checkbox"/> SRFW	_____	<input type="checkbox"/> Other
<input type="checkbox"/> DRW	_____	
<input type="checkbox"/> OATH	_____	
<input type="checkbox"/> 312	_____	
<input type="checkbox"/> SPEC	_____	

[RUSH] MESSAGE: Renumbered claim 5 (original claim 7) is incomplete. It end with a semi colon and the word "or." Ex.: ; or" Please advise. (See CLM pag 5 of 8 (01/18/05))

Thank You.

[XRUSH] RESPONSE:

INITIALS:

NOTE: This form will be included as part of the official USPTO record, with the Response document coded as XRUSH.
REV 10/04